Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	05/10/2014	Street:	401 W. Main St.
Incident #:	14ISPC003895	Apt, Lot, Ro	oom #: Apt. A
County :	Pulaski	City:	Winamac
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
☑ Lab Seizure☐ Chemical Seizure☐ Equipment Seizure☐ Dumpsite Seizure		Residence Outbuilding Vehicle Other:	Business
Apt., hotel, multi-family dwelling: Shared HVAC: Yes No Unknown			
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)			
☐ One Pot or Birch Reaction(s): Red Phosphorous/Iodine Reaction(s): Hydrochloric Acid Gas Generator(s): Flammable Solvents: Bedroom/Bathroom		☐ Anhydrous Ammonia: ☐ Corrosive Acid: Outside/Open Air ☐ Corrosive Base: ☐ Ammonium Nitrate/Sulfate:	
Water Reactive Metal (Lithium):		Other (item and location):	
Child under age 18 discovered (check appropriate)			
 Yes 3 (number present) No Children not present but evidence they reside or visit often Living conditions of home: ☐ clean ☐ disarray unclean 		Estimated length of time manufacturing had been occurring: Additional Information: Children were evaluated at Pulaski Memorial Hospital by DCS	
Vehicle, Travel Trailer, RV or Watercraft Information:			
Owner: VIN: Year:		Make: Model: Color:	
This report has been faxed* or emailed to the following agencies that serve the location:			
Fire Departm	ent: Winamac VFD	Fax: wv	fd1@ffni.com
Health Department County: Pulaski Co		Fax: thansen@localhealth.in.gov	
Department of Child Services Hotline: dcshotlinereports@dcs.in.gov Fax: 317-234-7595 or 317-234-7596			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Trp. Dennis Simcoe</u> Phone <u>219-696-6242</u>			

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.